STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			X3) DATE SURVEY COMPLETED		
		HAL060	019	B. WING		08/0	4/2016
	PROVIDER OR SUPPLIER ON GARDENS OF CHA	ARLOTTE	6000 PAR	DRESS, CITY, S K SOUTH DI ITE, NC 282			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 000	C 000 Initial Comments			C 000			
	Report of Biennial C Strickland and Ed N						
	Records indicate the licensed for licensum currently LICENSED SCU UNIT). Based requiring the facility the Aged and Disab Regulations", applications for Adult Care Edition of the North Section 409.1 Grounds.	re on 03/10/19 D FOR 125 Bl I on this inform to meet the 1 bled - Minimur cable portions to Homes, and Carolina Stat	997 and is EDS (25 BED mation we are 1996 "Homes for in Standards and of the 2005 If the 1996 the Building Code;				
	Deficiencies were c is required.	ited and a Pla	an of Correction				
C 164	Housekeeping and	Furnishings-C	Clean, Repaired	C 164			
	SECTION .0300 - F 10A NCAC 13F .030 FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities.	es shall: ings, and floor n and in good c unpleasant of the should be should be shall be shal	rs or floor repair; odors; ood repair;				
	This Rule is not medial-Based on observation provide an environm Rule by not prevent housekeeping practices and support to odor and unclear Findings on 08/04/2/2	ations, this factions, this factions in according odors due tices. This courting staff by some conditions.	cility has failed to dance with this to unsuccessful ald affect the				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL060019	B. WING		08/0	4/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE	-	
BRIGHTON GARDENS OF CHARLOTTE 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 1	C 164			
		d sitting furnishings were ad odors in Room 316.				
		ations, this facility has failed to surfaces of walls and ceilings.				
		ling tile is stained due to a the room that is located in the				
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	orderly manner, free hazards;	06 HOUSEKEEPING AND				
	maintain corridor ad	et as evidenced by: ations, this facility has failed to ccess panels in a safe ition could harm residents,				
	are located on the s	2016: er cabinets (#18 & #25) that second and third floor corridors es with exposed sharp edges.				
	maintained the plun condition that would	ation, the facility has not nbing fixtures in a safe d prevent contaminated water d into potable water system. esidents and staff.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE COMPI					
		HAL060019		B. WING		08/	04/2016
	PROVIDER OR SUPPLIER ON GARDENS OF CH	ARI OTTE	6000 PAR	DRESS, CITY, S K SOUTH DI ITE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FI SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 166	Continued From pa	ige 2		C 166			
		2016: located in the Bathiqu not have a vacuum br					
C 189	Building Equipment	t Maintained Safe, Ope	erating	C 189			
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electri Implime equipment in a Implime maintained in a safe a	an adult and ting				
	provide fire protecti This condition could	et as evidenced by: ations, this facility has on in all rooms and sp d lead to an emergenc uppression is not pres	aces. y event				
	Stations on the sec	2016: osets located in the Ca ond & third floors do n for fire protection per I	ot have				
	maintained in a saf	ation, the facility has need and operating conditional could affect all resider a fire.	ion of				
	Salon that are locat	2015: , Main Mechanical Roo ted on the First Floor h tch due to hardware th	ave				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL060019	B. WING		08/	04/2016
BRIGHTON CAPDENS OF CHARLOTTE 6000 PAR			ADDRESS, CITY, S			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 189	been either remove migration of fire and origin. This could at the event of a fire. 3-Based on observe maintained in a safe the ceiling construct residents and staff is smoke is not contain of origin. Findings on 08/04/2 There are 2 inch EN penetrating the floor in Electrical/Common Second Floor that at 4-Based on observe maintained in a safe emergency lighting residents, staff and were not illuminated. Findings on 08/04/2 The emergency was	ed or is broken to prevent the dor smoke from the room of affect all residents and staff in ation, the facility was not a manner due penetrations in tion. This could affect all in the event that fire and/or ned in a room or compartment of the event that are assemblies below and abouncation Closets on the are not sealed. Action, this facility has failed to event and operating condition the event that are respectively and affect all visitors if the egress pathward during a power outage.	nt nt ve			
C 199		PHYSICAL PLANT	C 199			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '			SURVEY PLETED	
		HAL060019	B. WING		08/	04/2016
	PROVIDER OR SUPPLIER ON GARDENS OF CH	ARI OTTE 6000	T ADDRESS, CITY, PARK SOUTH D LOTTE, NC 28	RIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 199	two cubic feet per name requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app. This Rule is not me 1-Based on Observe provide an environme Rule by not providing generated. This couby subjecting them.	minute per square foot. Thi not apply to facilities license it, with natural ventilation in aces: rage; toilet rooms; closets; and apply to new and existing aception of Paragraph (e) ly to existing facilities. Let as evidenced by: ration, the facility failed to ment in accordance with thing ventilation where odors all affect residents and state to house-keeping odors. 2016: aust ventilation has been owing locations: . irst Floor oom-First Floor	d s are			

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